

Kansas Department of Agriculture

Accounts Receivable and Licensing 1320 Research Park Dr. Manhattan, KS 66502 785-564-6700, Fax: 785-564-7490

kda.arandlicensing@ks.gov

PLEASE BE SURE TO SIGN PAGE 1 SECTION D

ess Name					
ress		City	State	ZIP	
		CERTIFICATION NUMBER:			
		R: Provide the valid tax identification number	for the license, registr	ation, or certification num	
vhich you are		or If SOLE PROPRIETO	D CCN		
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ALITH∩DI7	ΛΤΙΩΝΙ ΕΩΡ (CHANGES: (Signature is required)			
			DATE		
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LOCAT	ION ADDRESS C	HANGE TO: COUNTY STATE			
		FAX			
		WEBSITE			
		HANGE TO:			
CITY		COUNTY STATE_	ZIP		
CATEGO		CATEGORIES ADDING; Indicate desired addition E PER CATEGORY.	n to BUSINESS License	categories <mark>ADDING AN ADDITI</mark>	
CHECK IF DESIRED	CATEGORY	DESCRIPTION			
	1	Agricultural Pest Control			
	2	Forest Pest Control			
	3	Ornamental, Turf Pest Control and Interior L	andscape		
	3	Ornamental, Turf Pest Control and Interior L Seed Treatment	andscape		
		•	andscape		
	4 5	Seed Treatment	andscape		
	4	Seed Treatment Aquatic Pest Control	·		

THIS SECTION FOR KANSAS DEPARTMENT OF AGRICULTURE USE ONLY

<u>FEE</u>	CODE	TRANSACTION #	CC APP #	CHECK #
	BL			
	UA			
	RT			

Form KPL-430 (Rev. 07/14

Effective Date	 		
Location Name			
DBA NameADDRESS			
CITY		ZIP	
PHONE	FAX_		

5. OTHER PESTICIDE BUSINESS LOCATION CHANGE: To add or remove a location address OTHER than the principal address indicated in Section #2 above. (Location is where records are kept, where pesticides and equipment are stored, or from

which customers are served.) When adding location/address, provide the effective date. When removing

5. OWNER, PARTNER, OFFICER, OR PESTICIDE APPLICATOR CHANGE: To report a change, provide the following information and check the correct Staff Code. NOTE: To add a new Registered Pest Control Technician, use separate form KPL-700 entitled "Pest Control Technician Registration Application." Please ensure correct DRIVER'S LICENSE number and birth date are provided for each owner, partner, officer, or applicator. When adding, provide employment date. When removing, provide termination date. IF ADDING NEW UNCERTIFIED APPLICATORS SUBMIT FEES WITH THIS FORM. THE UNCERTIFIED FEE IS \$15.00 FOR EACH UNCERTIFIED APPLICATOR.

EMPLOY DATE	TERM DATE	STAFF CODE (CHECK ONE)	CERT/REG NUMBER	DRIVER'S LICENSE NUMBER	BIRTH DATE	NAME (Last, First, Middle Int.)	HOME ADDRESS (Street, City, State, Zip) ****Required if UNCERTIFIED APP	<u>PHONE</u>
		OWNER/OFFICER						
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6. **AIRCRAFT CHANGE:** Each pesticide business licensed in category 1 which uses aircraft to apply pesticides shall identify each aircraft with a decal furnished by the Kansas Dept of Agriculture. Decals will not be issued until all licensing requirements are met. Decals are not transferable. To add or remove aircraft equipment, **Submit a certificate of insurance with "N" numbers listed** and provide the following information:

7.

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EFF DATE	REMOVE DATE	DECAL	FAA "N" NUMBER	MAKE	MODEL	PICLORAM
		<u>NUMBER</u>				<u>ENDORSEMENT</u>
						YES NO
						YES NO
						YES NO